

8/26/04
 MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **101009097** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
			IND.	DEP.	IND.	DEP.
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TOTAL I.D.	8					
TOTAL DEP.	15	→	→	→		
TOTAL CLAIMS	23	→	→	→		

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IND.	DEP.	IND.	DEP.
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TOTAL IND.		→	
TOTAL DEP.		→	→
TOTAL CLAIMS		→	→